

Foster Family Home - Corrective Action Report

Provider ID: 1-595837

Home Name: Dominica Tabisola, CNA

Review ID: 1-595837-8

94-423 Apowale Street

Reviewer: David Ayling

Waipahu

HI 96797

Begin Date: 7/9/2019

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a new 2 person CCFFH certification made on 7/9/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 2 bed certification.

Compliance Manager

Primary Care Giver

Date

Date